

Scanned by HICKS, STEPHANIE K. CCA in facility HUTCHINS (HJ) on 07/20/2011 13:32

TEXAS UNIFORM HEALTH STATUS UPDATE

I. NAME: McCollum Larry G. DOB: 4/04/53 AGE: 58
 Last First MI
 STATE ID# 395D 494 RACE: W SEX: Male ☒ Female ☐
 COUNTY/TDCJ# 34610 WT. 330 HT: 5'10

II. CURRENT/CHRONIC HEALTH PROBLEMS

A. Health Problems

- ☐ 1. None
☐ 2. Asthma
☐ 3. Pregnancy
☐ 4. Dental Priority
☐ 5. Diabetes
☐ 6. Drug Abuse
☐ 7. Alcoholism
☐ 8. Orthopedic Problems
☐ 9. Cardiovascular/Heart Trouble
☐ 10. Suicidal
☐ 11. Mental Retardation
☐ 12. Mental Illness (Specify diagnosis) _____
☐ 13. Recent Surgery
☐ 14. Seizures
☐ 15. Dialysis
☒ 16. Hypertension
☒ 17. CARE System Y/N

III. SPECIAL NEEDS (Check all that apply)

A. Housing Restrictions

- ☒ 1. None
☐ 2. Skilled Nursing Facility
☐ 3. Extended Care Facility
☐ 4. Psychiatric Inpatient Facility
☐ 5. Respiratory Isolation
☐ 6. Other.

B. Transportation

- ☒ 1. Routine
☐ 2. Crutches/Cane
☐ 3. Ambulance
☐ 4. Wheelchair/Wheelchair Van
☐ 5. Prosthesis:

C. Pending Specialty Clinic Appointment

None ☒ Type _____D. ALLERGIES NKA

NKA _____

*NOTE When screening substance abuse facility clients, please contact the TDCJ-ID Health Services Liaison at (936)437-3589 for clients with any chronic disease symptoms deemed unstable.

B. Preventive Medicine

☒ 1. Tuberculosis StatusSkin Test: Date Given: 6/24/11 Date Read: 6/27/11 Results 0 mm*X-Ray: Date: 6/24/11 Normal ☐ Abnormal ☐ Anti-TB Treatment? No ☐ Yes ☐☐ 2. Hepatitis: A ☐ B ☐ C ☐ Other: _____☐ 3. HIV Antibody: Test Date: 6/24/11 Results: Neg ☐ Pos ☐ CD4: _____ Date 6/24/11☐ 4. Syphilis: Date: 6/24/11 Type: _____ Treatment Completed: ☐ Yes ☐ No

*NOTE: If any treatment has been recommended, the X-Ray was abnormal, or skin test indicates infection please attach tuberculosis record.

C. Other Health Care Problems: None

IV. CURRENT PRESCRIBED MEDICATIONS

None _____

Medication	Dosage	Frequency
<u>Clonidine</u>	<u>0.1mg ÷ tab P.O</u>	<u>PRN/BP</u>

THIS FORM MUST ACCOMPANY ALL OFFENDERS TRANSFERRED TO AND FROM ALL TEXAS CRIMINAL JUSTICE ENTITIES

COMPLETED BY: Shelia Smith RN DATE: 7/15/11PHONE NUMBER: 254-757-2555 FACILITY: McLennan County Jail